



ROUND ROCK POLICE DEPARTMENT
LOCK BOX PROGRAM - Member Registration Form

TODAY'S DATE: ____/____/____

RESIDENT INFORMATION

First AND Last Name: _____ DOB: ____/____/____

Primary Phone #: _____ Secondary Phone #: _____

HOUSEHOLD INFORMATION

Other Residents in Household: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Lockbox Location: _____ Combo: _____

Pets Inside: ☐ Yes ☐ No If yes, what kind: _____

If you have an alarm, do you authorize RRPD to deactivate? ☐ Yes ☐ No If yes, alarm code: _____

MEDICAL CONDITIONS

Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

EMERGENCY NOTIFICATION INFORMATION

Hospital of Choice: _____

Emergency Contact #1 First/Last Name: _____ **Relationship:** _____

Phone #: _____ Secondary Phone #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact #2 First/Last Name: _____ **Relationship:** _____

Phone #: _____ Secondary Phone #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

ADDITIONAL HOUSEHOLD & MEDICAL INFORMATION

Weapons in the Home: ☐ Yes ☐ No If yes, what kind: _____

Primary Care Physician: _____ Phone #: _____

Envelope of Life in Home: ☐ Yes ☐ No If yes, where: _____

Location of Medications in Home: _____

Mail OR Email Completed Form To:

ROUND ROCK POLICE DEPARTMENT
2701 N. MAYS STREET | ROUND ROCK, TX 78665
alewing@roundrocktexas.gov

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Application Received By: _____ on Date: ____/____/____

Date of Installation: ____/____/____ Installed By: _____

Was a lockbox sticker placed near the front door of the residence? ☐ Yes ☐ No